## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # P01000063369 1. Entity Name OSCEOLA EXECUTIVE GROUP, INC. Principal Place of Business Mailing Address 241 EAST RUBY AVENUE 241 EAST RUBY AVENUE SHITE A SUITE A KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3728074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAY, FRANKLIN G III DO NOT WRITE 241 EAST RUBY AVENUE SUITE A IN THIS SPACE KISSIMMEE, FL 34741 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registed Agent signature required when reinstating) ed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 $\pm 6600000079780$ Trust Fund Contribution. 137011704-80049<u>-018</u> OFFICERS AND DIRECTORS 10 TITLE NAME GAY, FRANKLIN G III STREET ADDRESS 241 EAST RUBY AVENUE, STE A KISSIMMEE, FL 34741 CITY-ST-ZIP VS TITLE NAME GAY, FRANKLIN G III STREET ADDRESS 241 EAST RUBY AVENUE, STE A CITY-ST-7IP KISSIMMEE, FL 34741 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP